

CRISIS NURSERY MONTHLY REPORT

Month _____

Facility Name: _____

Facility Number: _____

Licensed Capacity: _____

Name of Child	DOB	24 hr.		Crisis Day*		Date of Admission	Date of Discharge	# of Days in Care Length of Stay	Exception Through (Crisis Day Only)	Reason for Use
		CWS - Vol.		CWS - Vol.						
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

Total: _____

Name and Title of Authorized Representative: _____

Date: _____

***Complete Crisis Day Care Services Sign-in Sign-out sheet – LIC 9219A**

Page ___ of ___

CRISIS NURSERY MONTHLY REPORT**INSTRUCTIONS**

Pursuant to California Code of Regulations, Title 22, Section 86561 (eh) A crisis nursery shall submit to the Department collect and maintain a monthly report that indicates the total number of children placed in the crisis nursery, and shall include whether each child is voluntarily placed by the parents/legal guardians or placed directly by the county welfare services agency and the length of stay for each child in the crisis nursery, the number of children receiving crisis day services, the reason given for use of the crisis nursery for each child, and the age of each child.

Monthly Report for the preceding month must be submitted to your local licensing regional office by the 5th of each month. Original reports must be kept on file for at least three years and be made available for review upon request by an authorized representative of the licensing agency.

- | | |
|--|--|
| 1. Month | Enter the month and year of this report. |
| 2. Facility Name | Enter the name of the facility as it appears on the license. |
| 3. Facility Number | Enter the facility number as it appears on the license. |
| 4. Licensed Capacity | Enter the licensed capacity on the appropriate line. |
| 5. Name of Child | Enter the child's first and last name. |
| 6. DOB | Enter the child's date of birth. |
| 7. 24 hr. CWS/Vol | Indicate with a check mark (✓) whether if the child is in placement for receiving 24 hour care , and indicate with a check mark (✓) whether the child has been placed by the county welfare services (CWS) agency or has been voluntarily (VOL.) placed by a parent/guardian. |
| 8. Crisis Day* CWS/Vol | Indicate with a check mark (✓) whether if the child is in receiving <u>Crisis Day Care Services</u> , and indicate with a check mark (✓) whether the has been enrolled by the county welfare services (CWS) agency or has been voluntarily (Vol.) enrolled. Parents/authorized representatives who enroll their child(ren) in the Crisis Day <u>Care</u> program, must sign their child in and out using the Crisis Day <u>Care Services</u> sign-in/sign-out sheet. |
| 9. Date of Admission | Enter the month and day the child was first admitted into the program. |
| 10. Date of Discharge | Enter the month and day the child was released from the program. |
| 11. # of Days in Care
<u>Length of Stay</u> | Enter the total number of days the child was in care at the facility <u>for 24 hour overnight care, or the number of hours the child received crisis day services.</u> |
| 12. Exception Through
<u>(Crisis Day Only)</u> | Indicate if an exception was granted by the licensing agency to allow a child <u>receiving crisis day services</u> to exceed the <u>14 day limitation for of 30 calendar days, maximum of 12 hours per day, or a total of 360 hours, in a six month period</u> and note the ending date of the exception. |
| 13. Name and Title.
of Authorized
Representative | Enter name and Title of individual attesting to the accuracy of the information. |
| 14. Date | Enter the date the Crisis Nursery Monthly Report was signed and verified. |